



**TUKWILA**  
PARKS & RECREATION  
GOOD HEALTHY FUN

# REGISTRATION FORM

## Summer 2013

12424 - 42nd Ave. S.

Tukwila, WA 98168

206.768.2822

f)206.768.0524

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ '13-'14 Grade \_\_\_\_\_ School \_\_\_\_\_  
Last First M

Child's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Shirt Size (please circle one) YS YM YL AS AM AL AXL \*Shirt sizes run small\*

**Parent/Guardian/Responsible for Account Payment** **Authorized to pick-up Child:** **Yes/No** **Lives With: Yes/No**

Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Direct Line \_\_\_\_\_

Cell Phone \_\_\_\_\_ e-mail \_\_\_\_\_

**Parent/Guardian** **Authorized to pick-up Child:** **Yes/No** **Lives With: Yes/No**

Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Direct Line \_\_\_\_\_

Cell Phone \_\_\_\_\_ e-mail \_\_\_\_\_

**List any additional persons authorized to pick up child: (Please Print)**

	Name (First & Last)	Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Emergency Contacts (Other than Parents): (Please Print)**

	Name (First & Last)	Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Medications Taken (Must have form on File)** \_\_\_\_\_

**Does your child have any allergies? If so, please list** \_\_\_\_\_

**Limitations to participations?** \_\_\_\_\_

**Swimming Ability** \_\_\_\_\_



# LIABILITY RELEASE

## SUMMER 2013

12424 - 42nd Ave. S.

Tukwila, WA 98168

206.768.2822

f)206.768.0524

Child's Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

### AUTHORIZATION OF ACCEPTANCE:

I hereby give my permission for \_\_\_\_\_ to attend and participate in the above City of Tukwila Parks and Recreation Programs.

### MEDICAL TREATMENT:

I hereby give permission that my child may be given emergency treatment, to include First Aid and CPR by a qualified staff member. I also give permission for my child to be transported by ambulance, treated by aid car personnel and/or transported to an emergency center for treatment.

In the event that I cannot be contacted, I further authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment or all other related care, including the administration of drugs, tests, injuries, anesthesia, and/or blood transfusions to the above named minor person that may be ordered by the physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical reports to any doctor or agency and consent to the admission of the above named minor person to the hospital.

I certify that I am the parent or legal guardian of the above mentioned child and that I have authority to authorize such treatments.

### DISCRIMINATION STATEMENT:

The City of Tukwila Parks and Recreation Department does not discriminate based on race, creed, color, ethnicity, national origin, sex, age, marital status, or sexual preference.

### CPS STATEMENT:

The City of Tukwila Parks and Recreation Department is mandated to report all suspected and visual signs of child abuse or neglect to the Department of Social Health Services division of Child Protective Services.

### INSURANCE:

It is the responsibility of every individual, their parent or legal guardian to provide for their own accident and health coverage while participating in all City of Tukwila Parks and Recreation Department programs activities.

### MEDICATION POLICIES:

Administration of medication to a child while at our facility must be accompanied by a written medication instruction form from the pharmacist. All medication must be in the original container with the child's full name, date of purchase, and correct dosage. Nonprescription drugs will only be administered for one day only without authorization of a physician in writing.

Physician \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Parks and Recreation Staff \_\_\_\_\_

Date \_\_\_\_\_

Medication \_\_\_\_\_

RX Number \_\_\_\_\_

Instructions for medication \_\_\_\_\_

### PARTICIPATION AUTHORIZATION:

I give permission for my child to participate in activities, field trips, swimming, and to be transported as authorized by the City of Tukwila Parks and Recreation department.

Print Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

By signing the above, I hereby waive and release any and all rights and claims that may be had or might arise against the City of Tukwila Parks and Recreation Program, rental agencies, agents, or representatives for any and all losses suffered while competing in or in connection with the programs sponsored or co-sponsored by Tukwila Parks and Recreation. The City of Tukwila is not responsible for any personal articles lost or stolen. I also allow photographs to be taken during Parks and Recreation activities to be used in the promotion of future City Programs.



**TUKWILA**  
PARKS & RECREATION  
GOOD HEALTHY FUN

# PAYMENT POLICY

## DAY CAMPS 2013

12424 - 42nd Ave. S.

Tukwila, WA 98168

206.768.2822

f)206.768.0524

Child's Name: \_\_\_\_\_

Payment will be made on a weekly basis as indicated on the summer calendar. If payment is not paid by the Wednesday prior to the week of enrollment, your child's spot will be given to a waitlisted participant and the deposit for the week will be forfeited. Those dismissed from the program due to non-payment or late payments will be allowed to return only when payment is received in full, space permitting. **Any weekly deposit that is forfeited due to non/late payments will not be reapplied to the weekly fee.**

Campers on the wait list will be given 48 hours to make payment. If payment is not made within that time, the next person(s) on the wait list will be notified.

**Deposit:** \$25.00 weekly deposit per week of your child's enrollment. Deposit is refundable/transferable only until the Monday previous to the week of enrollment, with written notification.

### Fees:

Specialty Camps- Resident-\$140/Week, Non-Resident- \$185/Week

☐ Critter Camp

☐ Camping Kids

☐ Fashion Camp

☐ Cooking Camp

☐ Sports Extravaganza

☐ Theater Camp

☐ Science Camp

☐ Adventures in H2O

**PLEASE INDICATE THE WEEK YOUR CHILD WILL BE IN ATTENDANCE:** Check appropriate camp

\_\_\_ Camp Tukwily-Resident-\$100/Week, Non-Resident-\$145/Week

\_\_\_ Teen Venture Camp- Resident-\$115/Week, Non-Resident- \$160/Week

☐ **June 19-21(short week-reduced fee)**

☐ **June 24-28**

☐ **July 1-5 (No camp on July 4<sup>th</sup>)**

☐ **July 8-12**

☐ **July 15-19**

☐ **July 22-26**

☐ **July 29- August 2**

☐ **August 5-9**

☐ **August 12-16**

☐ **August 19-23**

☐ **August 26-30**

*There will be a late charge of \$1.00 per minute for those children not picked up by 6:00 pm. King County Child Protective Services will be called after 7:00pm.*

\*Checking the weeks above and paying the deposit will only hold your spot until payment is received in full.

By signing below I acknowledge that I have read, understand and agree to comply with the aforementioned policies.

X \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Payment Policy

## SPORTS CAMPS 2013

12424 - 42nd Ave. S.

Tukwila, WA 98168

206.768.282

f)206.768.0524

Child's Name: \_\_\_\_\_

Future Stars and Team Tukwila Sports Camps have minimum participation requirements. The registration deadline for each camp is 2 weeks prior to the scheduled program. The camp fee must be paid in full at the time of registration. If the minimum participation requirement is not met by the registration deadline, Tukwila Parks and Recreation will cancel the camp and a full refund will be given to participants (please allow 15 working days). No refunds will be given to participant cancellations that occur after the camp registration deadline.

### Future Stars

- ☐ #15636 Sports for Shorts (July 16 – 18)
- ☐ #15649 – Before & After Care
- ☐ #15641 Mini Movers Dance Academy (July 23 – 25)
- ☐ #15693 – Before & After Care
- ☐ #15642 Mini Kickers Soccer Camp (August 6 – 8)
- ☐ #15694 – Before & After Care
- ☐ #15648 Tiny Tots Tennis Camp (August 13 – 16)
- ☐ #15695 – Before & After Care

### Team Tukwila Sports Camps

- ☐ #15637 Tukwila Sport Sampler (June 24 – 27)
- ☐ #15651 – Before & After Care
- ☐ #15643 Bulldog Baseball Academy (July 8 – 11)
- ☐ #15650 – Before & After Care
- ☐ #15640 Bulldog Cheer Camp (July 15 – 18)
- ☐ #15654 – Before & After Care
- ☐ #15638 Tukwila Basketball Academy – Ages 7 - 11 (July 22 – 25)
- ☐ #15655 – Before & After Care
- ☐ #15639 Tukwila Basketball Academy – Ages 12 – 15 (July 22 – 25)
- ☐ #15644 Bulldog Tennis Camp #1- Ages 7 - 10 (July 29 – Aug 2)
- ☐ #15652 – Before & After Care
- ☐ #15645 Bulldog Tennis Camp #1- Ages 11 - 15 (July 29 – Aug 2)
- ☐ #15646 Bulldog Tennis Camp #2 – Ages 7 – 10 (August 5 – 8)
- ☐ #15696 – Before & After Care
- ☐ #15647 Bulldog Tennis Camp #2 – Ages 11 – 15 (August 5 – 8)
- ☐ #15635 TUSK Soccer Camp (August 5 – 8)
- ☐ #15653 – Before & After Care

By signing below I acknowledge that I have read, understand and agree to comply with the aforementioned policies and agree to sign a concussion form before my child participates in sports camp.

X \_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date